

Sponsoring Organization Special At-Risk Site Verification Form

Sponsor Name: _____ CNIPS #: _____

Facility Information:

Center/Site Name:							
Street Address:							
City:		State:		Zip:		County:	
Phone Number:	()	Extension:		Fax Number:	()		

Email: _____

Program Contact _____

1. Type of Facility

At-Risk Site- Qualifying Data _____

Name of the School Used for Qualifying Data if different from the center/site name _____

- Must be located in attendance area of public school where at least 50 percent of the enrolled students are certified as eligible for free or reduced-price meals.

2. Site Operational Information:

a. School Hours: Begins: _____ Ends: _____

b. At-Risk Program Hours: Begins: _____ Ends: _____

c. Days of the week meals will be claimed:

___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ Saturday ___ Sunday

3. Meal Service Information:

a. Meal Types to be Claimed:

At-Risk Snack		At-Risk Supper
<input type="checkbox"/>		<input type="checkbox"/>

4. Meal Time Information:

	Start	Finish
At-Risk PM Snack	_____	_____
At-Risk Supper	_____	_____

5. Method of Meal Service:

- ☐ Center prepares meals on-site (contract not required)
- ☐ Center receives meals from another affiliated center or central preparation site owned by the sponsor (daily delivery slips required/contract not required)
- ☐ Center contracts with local public school system (School agreement required)
- ☐ Center contracts with a registered caterer (Proper procurement procedure required)

6. Estimated Number of Participants by Age Group:

_____ Infants (under 1yr.) _____ PreK (1yr.-4yr.) _____ Elementary (5yr. to 11yr.)
_____ Middle (11yr.-14yr.) _____ High (14yr.-18yr.) Total: _____

7. List Names of Personnel Responsible for CACFP Administration and Food Service:

Name	Title of Position	Program Labor or Administrative Duties

8. Fax (502) 564-5519 or email a copy of the district calendar to annalisa.ochs@education.ky.gov

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Sponsor CNIPS #:_____ Sponsor:_____ Site CNIPS #:_____ Site Name:_____

9. Enrichment Activities I certify that all information on this Site Information Form is true and correct.

Enrichment Activity (Tutoring, physical activity, club, etc.)	Supervisor/Leader/Instructor Name	Location (Library, gym, classroom, etc.)	Day(s) of the Week	Time Begin/End	Age Range Infant, PreK, Elem., Middle, High

I certify that all information on this Site Information Form is true and correct.

Signature of Authorized Representative Title

Printed Name Date